Semi-Annual Certification

School/District:				
Federal Program:				
For the Six-Month Period of:		Month/Year	through _	Month/Year
I certify that the empauthorized by the fe			100% of their t	ime on activities
Employee Name	Title	Emplo Signa		Date
*Supervisory Officia		 Date		

This form is to be completed every six months for any employee who is paid solely with federal funds from a single federal grant.

^{*}Signatures must be dated AFTER the last date of service.